

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	/		
2		1		/		
3		1		/		
4		1		/		
5		1		/		
6		1		/		
7	1		1			
8		1		1		
9		1		/		
10		1		/		
11		1		/		
12		2		1		
13		2		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
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30	1	1	1	1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	32	←	30	←		←
TOTAL CLAIMS	35		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						